

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/019596**

FILING DATE

7/20/01 305-6427

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51						
3		/					52						
4		/					53						
5	/						54						
6	/						55						
7		(1)					56						
8		(1)					57						
9	/						58						
10		(2)					59						
11		(2)					60						
12		(2)					61						
13		(2)					62						
14		(2)					63						
15		(2)					64						
16		(2)					65						
17		(2)					66						
18		(2)					67						
19		(2)					68						
20		(2)					69						
21		(2)					70						
22		(2)					71						
23							72						
24							73						
25							74						
26							75						
27							76						
28							77						
29							78						
30							79						
31							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						